

## REGISTRATION REQUEST FOR GRADUATE CREDIT

### Non-degree students

#### Return form:

**By mail to:**

Center for Early Education and  
Development (CEED)  
University of Minnesota  
1954 Buford Avenue, Suite 425  
St. Paul, MN 55108

**By fax to:** 612-625-2093

**By email to:** ander352@umn.edu

**Questions? Contact Karen Anderson**

**Email:** ander352@umn.edu

**Phone:** 612-625-6617

You can type on this form and save. Complete Part 1 only and sign and date on Part 4. You do not need to complete Part 3.

PART 1. Student background				
University ID	Last four digits of SSN (optional) XXX - XX -	*Name (last, first, middle initial)	Previous name (if applicable)	
*Birthdate (mm/dd/yyyy)	*Email address (list your University email address if it is currently active)	*Phone (include area code)		
*Current mailing address (street, apartment or P.O. box number, city, state, ZIP code, country)				
*Term <input type="checkbox"/> fall semester <input type="checkbox"/> spring semester <input type="checkbox"/> May/summer session			Year 20 _____	
PART 2. Enrollment				
REGISTRATION—Register for classes by completing the information requested below.				
Course subject, number, section (Arts 5001-001)	5-digit class number	Credits	Grade basis (A-F or S/N)	Permission number (if required)
<b>CANCELLATION</b> <input type="checkbox"/> Check here to cancel all classes.				
To cancel individual classes, give the information requested below for each class.				
Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)	Course subject, number, section (Arts 5001-001)
5-digit class number	5-digit class number	5-digit class number	5-digit class number	5-digit class number

**—IMPORTANT: Add your signature to PART 4 on page 2—**



The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. This form is available in alternative formats upon request. Please call the Disability Resource Center at 612-625-9578.



Please recycle

### PART 3. Departmental authorization

You must get written approval from authorized signers in each department. E-signatures will not be accepted. A full list of authorized signers can be found at <http://z.umn.edu/gradcontacts>.

5-digit class number	Program (college) code (e.g., CLA=17)	Tuition code <input type="checkbox"/> 99 PRD <input type="checkbox"/> 06 DMS	Sub-plan (for special tuition rates) <input type="checkbox"/> BUSTAX <input type="checkbox"/> LS <input type="checkbox"/> HHHFELLOW	Student group <input type="checkbox"/> CEGR <input type="checkbox"/> HSCE <input type="checkbox"/> SENIOR
Name of authorized signer (please print)		Phone		
Authorized signer signature (e-signatures will not be accepted)		Date		

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Authorized signer signature (e-signatures will not be accepted)		Date		

### PART 4. Certification

I understand that if I choose to withdraw from course(s) after the withdrawal deadline has passed, I will receive a 'W' on my transcript and will still be responsible for any tuition costs. I understand I will receive no credit for courses for which I have selected an audit grading option. I also understand that if I choose to use these courses at another college or university, the credits will be subject to the transfer policies of that institution.

Student signature (e-signatures will not be accepted)	Date
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